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PATENT

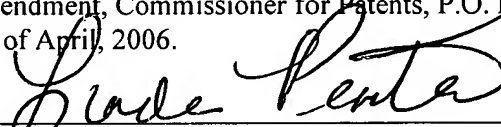
Attorney Docket No.: ASC-025DV2C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Cheng et al.
SERIAL NO.: 10/802,186 GROUP NO.: 2813
FILING DATE: March 17, 2004 EXAMINER: Monica D. Harrison
TITLE: PROCESS FOR PRODUCING SEMICONDUCTOR ARTICLE
USING GRADED EPITAXIAL GROWTH

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

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Linda M. Penta

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Submitted herewith are:

1. Transmittal Form (1 pg.);
2. Second Preliminary Amendment (3 pgs.);
3. Supplemental Application Data Sheet (4 pgs.); and
4. Return receipt postcard.



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/802,186
Filing Date	March 17, 2004
First Named Inventor	Cheng
Art Unit	2813
Examiner Name	Monica D. Harrison
Attorney Docket Number	ASC-025DV2C1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Supplemental Application Data Sheet (4 pgs.)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Certificate of First Class Mailing (1 pg.)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Return Receipt Postcard
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	GOODWIN PROCTER LLP		
Signature			
Printed name	Natasha Us		
Date	April 11, 2006	Reg. No.	44,381